

Welfare-to-Work Interim Participant Report Instructions

Heading Information

Item	Instructions
1. Contractor name and address	Enter the name and address of your Agency.
2. Contract Number	Enter the your Contract Number.
3. Report Period Starting	Enter the starting Month, Day, and Year of the report period for which this report is prepared.
4. Report Period Ending	Enter the ending Month, Day, and Year of the report period for which this report is prepared.

Section I. Contract Information

Item	Instructions
1. Year of Appropriation	Enter the YOA. (The YOA is the federal fiscal year that the funds were allotted (i.e., 1997 or 1999).)
2. Report Revision Number	Enter the revision number of this report. If this report is the initial report for the reporting period, enter 00. If this report is the first revision, enter 01, and so forth.
3. Contract Term From: To:	Enter the beginning (From) and ending (To) dates for the contract being reported.

Section II. Participant Summary

This section provides participant information on a cumulative basis.

Item	Instructions
A. Total Active Participants (B minus C)	Enter the cumulative number of WtW clients who are active in the program at the end of the report period. Total Active participants must be equal to the Total Participants Served minus Total Participants Terminated.
B. Total Participants Served	Enter the cumulative number of WtW clients served in an activity or service from the beginning of the fiscal year to the end of the report period. If a client terminates from the program and returns for additional services, the client is to be counted again. (sum of B1 + B2)
1. Required Beneficiaries	Enter the cumulative number of your WtW clients who met the Required Beneficiaries eligibility requirements as defined under Section 403(a)(5)(C)(ii) and terminated from the WtW program from the beginning of the fiscal year to the end of the report period.
2. Other Eligibles	Enter the cumulative number of WtW clients served by your Agency who met the Other Eligibles eligibility requirements from the beginning of the fiscal year to the end of the report period.
C. Total Participants Terminated	Enter the cumulative number of WtW clients terminated from the WtW program. If a client leaves and returns for additional services, the client is to be counted again when terminated. Total Participants Terminated must equal the sum of Required Beneficiaries Terminated and Other Eligibles Terminated. (sum of C1 + C2)
1. Required Beneficiaries	Enter the cumulative number of your WtW clients who met the Required Beneficiaries eligibility requirements as defined under Section 403(a)(5)(C)(ii) and terminated from the WtW program from the beginning of the fiscal year to the end of the report period.
2. Other Eligibles	Enter the cumulative number of your WtW clients who meet the Other Eligibles eligibility requirements as defined under Section 403(a)(5)(C)(iii) and terminated from the WtW program from the beginning of the fiscal year to the end of the report period.

Welfare-to-Work Interim Participant Report Instructions (continued)

Section II. Participant Summary (continued)

D. Placed in Unsubsidized Employment	Enter the cumulative number of your WtW clients placed in Unsubsidized Employment. Placed in Unsubsidized Employment must equal the sum of <i>Greater than or Equal to 30 Hours per Week</i> + <i>Less Than 30 Hours per Week</i> . (sum of D1 + D2)
1. Greater Than or Equal to 30 Hours per Week	Enter the cumulative number of WtW clients placed in Unsubsidized Employment for more than 30 hours per week.
2. Less Than 30 Hours per Week	Enter the cumulative number of WtW clients placed in Unsubsidized Employment for less than 30 hours per week.
E. Employed in Unsubsidized Employment When Entering WtW	Enter the Cumulative number of WtW clients who were working in unsubsidized employment when they entered the WtW program. Employed in Unsubsidized Employment When Entering WtW must equal the sum of <i>Greater Than or Equal to 30 Hours per Week</i> + <i>Less Than 30 Hours per Week</i> . (sum of E1 + E2)
1. Greater Than or Equal to 30 Hours per Week	Enter the cumulative number of WtW clients who were working in Unsubsidized Employment for more than 30 hours per week when they entered the WtW program.
2. Less Than 30 Hours per Week	Enter the cumulative number of WtW clients who were working in Unsubsidized Employment for less than 30 hours per week when they entered the WtW program.
F. Placed in Subsidized Employment	Enter the cumulative number of WtW clients placed in subsidized employment for which the subsidy is less than 100 percent of the total income and is not work fare. Placed in Subsidized Employment must equal the sum of <i>Greater Than or Equal to 30 Hours per Week</i> + <i>Less than 30 Hours per Week</i> . (sum of F1 + F2)
1. Greater Than or Equal to 30 Hours per Week	Enter the cumulative number of WtW clients who were placed in Subsidized Employment for more than 30 hours per week.
2. Less Than 30 Hours per Week	Enter the cumulative number of WtW clients who were placed in Subsidized Employment for less than 30 hours per week.

Section III. Activities Summary

This section provides information as required by DOL for those clients who are participating in the WtW activities. A participant may be counted in more than one activity during a report period. Refer to the WtW Client forms Handbook for definitions of the specific activities.

Item	Instructions
1. Community Service	Enter the number of WtW clients placed in a community service activity from the beginning of the program through the end of the report period.
2. Work Experience Program	Enter the number of WtW clients placed in a work experience activity from the beginning of the program through the end of the report period.
3. Public Sector Employment Wage Subsidy	Enter the number of WtW clients placed in a public sector employment wage subsidy activity from the beginning of the program through the end of the report period.
4. Private Sector Employment Wage Subsidy	Enter the number of WtW clients placed in a private sector employment wage subsidy activity from the beginning of the program through the end of the report period.
5. On-the-Job Training	Enter the number of WtW clients placed in a on-the-job training activity from the beginning of the program through the end of the report period.
6. Job Readiness Services	Enter the number of WtW clients placed in a job readiness activity from the beginning of the program through the end of the report period.
7. Job Placement Services	Enter the number of WtW clients placed in a job placement activity from the beginning of the program through the end of the report period.

Welfare-to-Work Interim Participant Report Instructions (continued)

Section III. Activities Summary (continued)

8. Post-Employment Services	Enter the number of WtW clients placed in a post-employment activity from the beginning of the program through the end of the report period.
9. No Longer Used	Leave blank
10. Job Retention Services	Enter the number of WtW clients placed in a job retention service activity from the beginning of the program through the end of the report period.
11. Supportive Services	Enter the number of WtW clients placed in a supportive service activity from the beginning of the program through the end of the report period.
12. Other Employment Activities	Enter the number of WtW clients placed in other employment activities from the beginning of the program through the end of the report period.
13. In-Depth Assessment, Individualized Services Strategy, or Case Management Services	Enter the number of WtW clients who received in-depth assessment, individualized services strategy, or case management services from the beginning of the program through the end of the report period.

Section IV. Family Summary

This section provides state Temporary Assistance to Needy Families (TANF) information as proposed by the Department of Health and Human Services for those clients who are participating in the WtW program. All counts of families and individuals should be unduplicated monthly totals.

Item	Instructions
A. Total Number of Families	Enter the number of TANF families receiving assistance under the state WtW program for each month of the quarter.
B. Total Number of Participants	Enter the total number of participants in the state WtW program for each month of the quarter.
C. Total Number of Non-Custodial Parents	Enter the total number of non-custodial parents participating in the state WtW program for each month of the quarter.
D. Total Number Families Terminated	Enter the number of families whose participation in the state WtW program was terminated for each month of the quarter.
E. Total Number of Participants Terminated	Enter the total number of participants whose participation in the state WtW program was terminated for each month of the quarter.

Section V through VII.

The following sections provide additional information as required by DOL.

Section/Item	Instructions
Section V. Total Accrued Expenditures	Enter the <i>total cumulative</i> accrued expenditures from the beginning of the program through the end of the report period.
Section VI. Individual Development Accounts	Enter the number of WtW clients participating in individual development account activities from the beginning of the program through the end of the report period.
Section VII. Comments	Note any additional comments.

Welfare-to-Work Interim Participant Report Instructions (continued)**Section VIII. Certification**

Item	Instructions
Name	Enter the name of the authorized official who will be signing the form.
Title	Enter the title of the authorized official.
Phone Number	Enter the phone number of the authorized official.
Signature	The authorized official must sign the form. The signature certifies that the form has been accurately completed, with the valid data, and in compliance with the Welfare-to-Work program.
Contact Person	Enter the name of a contact person in the event any questions should arise concerning information on the completed form. The contact person will, in most cases, be the individual who prepared the report.
Title	Enter the contact person's title.
Phone Number	Enter the contact person's phone number.
Date Submitted	Enter the date the form is signed and submitted to the County of Los Angeles.